

# Foster Family Home - Corrective Action Report

Provider ID: 2-559726

Home Name: Ludivina Eder, CNA

Review ID: 2-559726-8

147 W. Kinal Place

Reviewer: Jackie Chamberlain

Hilo HI 96720

Begin Date: 10/25/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

Jackie Chamberlain  
Compliance Manager

Ludivina Eder  
Primary Care Giver

10/26/2020  
Date

10/26/20  
Date